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|------------------|---|--|--|---|--|---|---|--|---|---|--|--|
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| 12721 | WASHINGTON, DC 20004 3/21/2007 EAYALEW2 00000048 503205 10805033 | | | | | | | Andrea L. Hirst (Depositor's name) | | | | |
| | | | Cinches X. Hund (Signature) | | | | | | | | | |
| 01 FC 02 FC | :1501 1400.00 DA :1504 300.00 DA | | | | | 18Mar 2007 (Daie) | | | | | | |
| · | APPLICATION NO. FILING DATE | | | | FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CO | | | | CONFIRMATION NO. | | | |
| | 10/805,033 | | J. Neil Gleason | | | 033964-1120 | | | 7946 | | | |
| | TITLE OF INVENTION: METHOD AND APPARATUS FOR PROVIDING HOT AND COLD MASSAGE | | | | | | | | | | | |
| | APPLN. TYPE | APPLN. TYPE SMALL ENTITY | | DUE | PUBLICATION FEE D | UE PR | EV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE | | |
| | nonprovisional | NO | \$1400 | | \$300 | \$0 | | | \$1700 | 04/24/2007 | | |
| | EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | | | | | |
| | BROWN, MICHAEL A 3772 | | | | 601-046000 | | | | | • | | |
| | CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | or agents OR, alter (2) the name of a s registered attorney | a single firm (having as a member a 2 | | | | | | |
| , | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | | | |
| | | | | | data will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| 7 | Brookstane T | | Merriman | | | k, New Hampshire | | | | | | |
| | Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | ividual 🛱 Co | orporati | on or other private gro | oup entity Government | | |
| | 4a. The following fee(s) are submitted: Alssue Fee Publication Fee (No small entity discount permitted) Advance Order—# of Copies | | | | A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-32.05 (enclose an extra copy of this form). | | | | | | | |
| : | Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | ☐ b. Applicant is no | longer c | laiming SMA | LL ENT | TITY status. See 37 CI | FR 1.27(g)(2). | | |
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| | Authorized Signature | Date 18 Mar 2007 | | | | | | | | | | |
| | Typed or printed name | Andrea L. t | livs† | | Registration No. 55, 269 | | | | | | | |
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